

PART B - FEE(S) TRANSMITTAL

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07278 7590 10/20/2003

DARBY & DARBY P.C.  
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NEW YORK, NY 10150-5257  
**01 FC:1501 02 FC:1504 1330.00 OP 300.00 OP**

**01/27/2004 MBERHE1 00000129 09879319**



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/879,319	06/11/2001	William T. Donofrio	2640/1G819US1	5187

TITLE OF INVENTION: FINGER OPERATED SWITCH FOR CONTROLLING A SURGICAL HANDPIECE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/20/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NGUYEN, VI X		3731	606-169000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Darby & Darby

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 6/11/01 R/F: 011900/0978**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ETHICON ENDO-SURGERY, INC.

CINCINNATI, OHIO

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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Advance Order - # of Copies \_\_\_\_\_

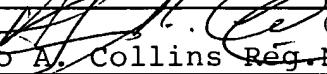
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(Authorized Signature)  (Date) 1/20/04  
**Alphonso A. Collins Reg. No. 43,559**

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